

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
 PRINCIPAL PURPOSE: To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.
 ROUTINE USES: None.
 DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DELETION <input type="checkbox"/> USER ID _____		DATE (YYYYMMDD)	
SYSTEM NAME (Platform or Applications) Army Contracting Business Intelligence System (ACBIS)/ Modules		LOCATION (Physical Location of System) SEC-Lee, Fort Lee, VA	
PART I (To be completed by Requestor)			
1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER (Optional)	
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. PHONE (DSN or Commercial)	
6. OFFICIAL E-MAIL ADDRESS	7. JOB TITLE AND GRADE/RANK		
8. OFFICIAL MAILING ADDRESS	9. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	10. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR	
USER AGREEMENT I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.			
IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input type="checkbox"/> I have completed Annual Information Awareness Training.			
11. USER SIGNATURE		DATE (YYYYMMDD)	
PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)			
13. JUSTIFICATION FOR ACCESS Applicable data at Block 13 AND 27 must be provided before access will be granted. Select applicable type under A, select all applicable access under B. and applicable roles on C. A. User Type: Government Employee <input type="checkbox"/> B. Access is requested to: ACBIS Reports - <input type="checkbox"/> Government Agent (Contractor) <input type="checkbox"/> Acquisition Planning Management (APM) - <input type="checkbox"/> (See BLK 27 Government Agent Requirements) Customer Service Module (CSM) - <input type="checkbox"/> Socio Economic Goals Input - <input type="checkbox"/> C. Roles: Contracting <input type="checkbox"/> Customer (Requiring Activity) <input type="checkbox"/> Resource Manager <input type="checkbox"/>			
14. TYPE OF ACCESS REQUIRED: <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input type="checkbox"/> OTHER _____			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input type="checkbox"/>		16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name)		18. SUPERVISOR'S SIGNATURE	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT		19. DATE (YYYYMMDD)	
20a. SUPERVISOR'S E-MAIL ADDRESS		20b. PHONE NUMBER	
21. SIGNATURE OF INFORMATION OWNER/OPR		21 a. PHONE NUMBER	
21b. DATE (YYYYMMDD)			
22. SIGNATURE OF IAO OR APPOINTEE		23. ORGANIZATION/DEPARTMENT	
24. PHONE NUMBER		25. DATE (YYYYMMDD)	

26a. NAME (Last, First, Middle Initial)	26b. SOCIAL SECURITY NUMBER (Optional)
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27. OPTIONAL INFORMATION (Additional information) **ACBIS Modules Specific User Data Requirements**

USER INFORMATION:

AKO E-Mail Address (if different from the official E-Mail Address at Block 6) : _____

Country (if other than USA) : _____

Service (e.g. Army, DOD, Navy): _____

Organizational Level 1 – MACOM/MAJCOM/Claimant (if applicable): _____

Organizational Level 2 - Subcommand/Region/District (if applicable): _____

Organizational Level 3 - Center (if applicable): _____

DODAAC assigned to your activity: _____ *

APM SPECIFIC REQUIREMENTS – Access request cannot be completed without this information:

* APM Contracting User. Use the ACBIS-APM attachment for additional contracting DODAAC if responsible for oversight of mulple DODAACs.

** Primary Point of Contact for Contracting DODAAC: YES ☐ NO ☐

Individual designated as the Primary POC for a DODAAC (contracting activity) will receive emails to notify them when a new requirement is assigned to their DODAAC.

GOVERNMENT AGENT (Contractor) : Application for access by a contractor to any of the ACBIS must include:

- 1) a completed System Authorization Access Request (SAAR) DD Form 2875, and
- 2) a letter signed by either the Government Contracting Officer or Contracting Officer's Representative (COR) on official Government letterhead.
 - Name of Employee
 - Name of Company and full company address
 - CAGE and DUNS
 - Contract Number
 - Beginning and Ending dates of the contract
 - Acknowledgement that the contract includes a nondisclosure/nonuse provisions for sensitive procurement information.

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION

28. TYPE OF INVESTIGATION		28a. DATE OF INVESTIGATION (YYYYMMDD)	
28b. CLEARANCE LEVEL		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III	
29. VERIFIED BY (Print name)	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION

TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)